



Elimination of Double Tax Benefits for Military Homeowners

Election Campaign		If joint return, does your spouse want \$1 to go to this fund?		Yes	No														
				<input checked="" type="checkbox"/>	<input type="checkbox"/>														
		For Privacy Act and Paperwork Reduction Act Notice																	
Filing Status Check only one box.	1	Single																	
	2	Married filing joint return (even if only one had income)																	
	3	Married filing separate return. Enter spouse's social security no. above and full name here.																	
	4	Head of household (with qualifying person). (See page 5 of Instructions.) If the qualifying person is you but not your dependent, write child's name here.																	
	5	Qualifying widow(er) with dependent child (year spouse died ▶ 19). (See page 6 of Instructions.)																	
Exemptions Always check the box labeled Yourself. Check other boxes if they apply.	6a	<input type="checkbox"/> Yourself	<input type="checkbox"/> 65 or over	<input type="checkbox"/> Blind	Enter number of boxes checked on 6a and 6b														
	6b	<input type="checkbox"/> Spouse	<input type="checkbox"/> 65 or over	<input type="checkbox"/> Blind															
	c First names of your dependent children who lived with you					Enter number of children listed													
	d First names of your dependent children who did not live with you (see page 6). (If pre-1985 agreement, check here ▶ <input type="checkbox"/>)																		
	e Other dependents:					Enter number of other dependents. Add number entered on boxes 6a and 6b.													
	<table border="1"><thead><tr><th>(1) Name</th><th>(2) Relationship</th><th>(3) Number of months lived in your home</th><th>(4) Did dependent have income of \$1,040 or more?</th><th>(5) Did you provide more than one-half of dependent's support?</th></tr></thead><tbody><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>						(1) Name	(2) Relationship	(3) Number of months lived in your home	(4) Did dependent have income of \$1,040 or more?	(5) Did you provide more than one-half of dependent's support?								
(1) Name	(2) Relationship	(3) Number of months lived in your home	(4) Did dependent have income of \$1,040 or more?	(5) Did you provide more than one-half of dependent's support?															
f Total number of exemptions claimed (also complete line 36)																			
Income Please attach Copy B of your Forms W-2, W-2G, and W-2P here. If you do not have a W-2, see page 4 of Instructions. Please attach check or money	7	Wages, salaries, tips, etc. (Attach Form(s) W-2.)			7														
	8	Interest income (also attach Schedule B if over \$400)			8														
	9a	Dividends (also attach Schedule B if over \$400)			9a														
	9b	Exclusion			9b														
	9c	Subtract line 9b from line 9a and enter the result			9c														
	10	Taxable refunds of state and local income taxes, if any, from the worksheet on page 9 of Instructions.			10														
	11	Alimony received			11														
	12	Business income or (loss) (attach Schedule C)			12														
	13	Capital gain or (loss) (attach Schedule D)			13														
	14	40% of capital gain distributions not reported on line 13 (see page 9 of Instructions)			14														
	15	Other gains or (losses) (attach Form 4797)			15														
	16	Fully taxable pensions, IRA distributions, and annuities not reported on line 17 (see page 9).			16														
17a	Other pensions and annuities, including rollovers. Total received			17a															
17b	Taxable amount, if any, from the worksheet on page 10 of Instructions			17b															
18	Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)			18															
19	Farm income or (loss) (attach Schedule F)			19															
20a	Unemployment compensation (insurance). Total received			20a															
20b	Taxable amount, if any, from the worksheet on page 10 of Instructions			20b															
21a	Social security benefits (see page 10). Total received			21a															

A SPECIAL STUDY

